



18608-001910

As a below named inventor, I declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: ANNULOTOMY CLOSURE DEVICE the specification of which was filed on September 14, 2000 as Application No. 09/663,250.

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56. I claim foreign priority benefits under Title 35, United States Code, Section 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date
60/154,969	September 20, 1999

Full Name of	Last Name: MATSUURA	First Name: DAVID	Middle Name or	Middle Name or Initial:	
Residence & Citizenship:	City: Encinitas	State/Foreign Country: California	Country of Citize	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 859 Summersong Court	City: Encinitas	State/Country: California	Postal Code: 92024	
Full Name of Inventor 2:	Last Name: GILLESPIE	First Name: WALTER	Middle Name or D.	Middle Name or Initial: <b>D.</b>	
Residence & Citizenship:	City: La Mesa	State/Foreign Country: California	<u> </u>	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 8652 Hayes Street	City: La Mesa	State/Country: California	Postal Code: 91941	
Full Name of Inventor 3:	Last Name: MARINO	First Name: JAMES	Middle Name or I	nitial:	
Residence & Citizenship:	City: La Jolla	State/Foreign Country: California	-	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 2620 St. Tropez Place	City: La Jolla	State/Country: California	Postal Code: <b>92037</b>	
Full Name of Inventor 4:	Last Name: PASTORE	First Name: SELISE	Middle Name or I	Middle Name or Initial: M.	
Residence & Citizenship:	City: San Diego	State/Foreign Country: California	I	Country of Citizenship: United States	
Post Office Address:	Post Office Address: 1837 Spalding place	City: San Diego	State/Country: California	Postal Code: 92116	

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

raise statements may jeopardize the valid	ity of the application of any patent issuing	thereon:
Signature of Inventor 1	Signature of Inventor 2	Signature of Inventor 3
With the	11/1//	Jan & Mon
DAVID G. MATSUURA	WALTER D. GILLESPIE	JAMES F. MARINO
Date	Date 11/2/17	Date ///6/00
Signature of Inventor 4	7 , 10	7 7

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SELISE M. PASTORE

PA 3102456 vl.





## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(c)) - SMALL BUSINESS CONCERN

Applicant or Patente Application or Pater			0AVID G. MATSU 9/663,250	JURA et al.				<u>-</u>		
Filed or Issued:			eptember 14, 2000		<u> </u>				NP E	:
Title:		A	NNULOTOMY (	CLOSURE DEVI	CE					
I hereby declare that	t I am:								( : 100 5 F	Z
			the small business the small busines			ehalf of the co	ncern identified belo	ow.	FEAT & TRAI	16
Name of Small Busi Address of Small Busi				NuVasive, Inc 10065 Old Gr San Diego, C	ove Road					
for purposes of payi does not exceed 500 concern of the perso other when either, d	ing reduced for persons. For persons employed irectly or indi	ees to the Un or purposes of on a full-tin rectly, one co	ited States Patent : f this statement, ( ne, part-time or ter oncern controls or	and Trademark C 1) the number of mporary basis du has the power to	Office, in that the employees of the employees of the control the other	e number of er the business co e pay periods o er, or a third pa	nployees of the con- ncern is the average of the fiscal year, ar rty or parties control	cern, including c over the previous of (2) concerns s or has the pover		1
									ard to the invention LISE M. PASTORE	
	[ ] [X] [ ]	the specifica Application Patent No	tion filed herewith No. 09/663,2	; 250 , filed, issued	September 1	4, 2000	.;			
below* and no right person made the inv	ts to the inver ention, or by	ntion are held any concern	d by any person, o that would not qua	ther than the inv	entor, who wor siness concern	ıld not qualify under 37 CFR	as an independent in 1.9(d), or a nonprof	nventor under i it organization u	ne invention is listed 37 CFR 1.9(c) if that ander 37 CFR 1.9(e).	•
	Separate ver ities. (37 CF		nts are required fro	om each named p	erson, concern	or organization	having rights to the	e invention aver	ring to their status as	
Name: Address:										
	[ ] Individ	lual		[ ] Small Bus	iness Concern		[ ] Nonprofit Orga	nization		
Name: Address:										
	[ ] Individ	ual		[ ] Small Bus	iness Concern		[ ] Nonprofit Orga	nization		
I acknowledge the d the time of paying, t									prior to paying, or at 37 CFR 1.28(b))	
further that these sta	itements were e 18 of the U	made with	the knowledge tha Code, and that suc	t willful false sta	itements and th	e like so made	are punishable by f	ine or imprison	eved to be true; and ment, or both, under at issuing thereon, or	
Name of Person Sign	ning:	_	STEVE	Mc 600	VAN					
Title of Person if Other than Owner:		er:	10065.0	ld Grove Road						
Address of Person Signing:				go, CA 92131						
Signature -	I m	- ميريم			Date	1//	3/00			

PA 3102458 v1



## POWER OF ATTORNEY BY ASSIGNEE

NUVASIVE, INC., 10065 Old Grove Road, San Diego, CA 9213194086, address, is the Assignee of the invention entitled:

## ANNULOTOMY CLOSURE DEVICE

The specification of which was filed on September 14, 2000 Application No.

09/663,250.

The Assignment accompanying this Power of Attorney (or filed concurrently herewith under separate cover to the attention of the Assignment Branch) has been reviewed by the undersigned. The undersigned certifies that to the best of the undersigned's knowledge and belief, title is in the Assignee. The undersigned (whose title is supplied below) is empowered to act on behalf of the Assignee.

Assignee hereby appoints the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

<u>Name</u>	Reg. No.	Name	Reg. No.
Aka, Gary T.	29,038	Heckadon, David R.	Granted Limited Recognition
Apple, Randolph T.	36,429		under 37 CFR §10.9(b)
Barrish, Mark D.	36,443	Heslin, James M.	29,541
Colwell, Robert C.	27,431	Liebeschuetz, Joe	37,505
Dow, Karen B.	29,684	Slone, David N.	28,572
Gibby, Darin J.	38,464	Smith, William M.	30,223
Hann, James F.	29,719		
Haughey, Paul C.	31,836	Wong, Craig P.	45,231
	•	<b>.</b>	

Send Correspondence to: James M. Heslin TOWNSEND and TOWNSEND and CREW LLP Two Embarcadero Center, 8th Floor San Francisco, CA 94111-3834

Direct Telephone Calls to:

David R. Heckadon,

Granted Limited Recognition

under 37 CFR §10.9(b)

650/326-2400

**NUVASIVE, INC.** 

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